

APPLICATION FOR CSL CANDIDACY

PSA	incumbent New Candidate
Name of Candidate	
Address	
Telephone(s) (Home)	(CP)
Email	
My State Senator is:	District #
My State Assembly member is:	District #
My Congressional Representative is:	District #
 I am 55 years of age on election of I am a registered voter I reside in the Planning and Servic I own a functioning computer and printer, fax, copier and scanner.) I have a personal email account a use email, transmit documents, ar I possess the ability to take top se into a legislative proposal following 	Area (PSA) for which the election is held, printer. (Note: Ideally, the printer would be an all in one basic access to and knowledge of how to open MSOffice and PDF documents, or concerns/issues at local level and draft them template. itol Building in Sacramento as well as my local
I agree that all decisions regarding my the CSL JRC and are final and binding	andidacy, election and/or recall are the responsibility of

Attach the following documents to this application:

 Resume outlining broad base of experience at the city and county levels on issues dealing with seniors

Date Signed _____

- Signed Code of Ethics
- Signed Volunteer Agreement and Waiver
- Signed Statement of Commitment